



Title I
**Targeted Assistance
Quarterly Consultation Meeting**

School: _____ School Year: _____

Student Name: _____ Student Number: _____ Grade Level: _____

Classroom Teacher: _____ Title I Intervention Teacher: _____

Reading Assessment Scores: BOY _____ MOY _____ EOY _____

Math Assessment Scores: BOY _____ MOY _____ EOY _____

Science Assessment Scores: BOY _____ MOY _____ EOY _____

Intervention Starting Date: _____ Intervention Ending Date: _____

Support Strategies

Reading

Math

Science

Daily Intervention

Extended Day Intervention

Differentiated Instruction

Small Group within the Regular Classroom

Additional Technology Support

Other: _____

State the Evidence Based Program Implemented

Reading: _____ Math: _____ Science: _____

Verification of Ongoing Consultation

November

Classroom Teacher: _____ Title I Intervention Teacher: _____

January

Classroom Teacher: _____ Title I Intervention Teacher: _____

March

Classroom Teacher: _____ Title I Intervention Teacher: _____

May

Classroom Teacher: _____ Title I Intervention Teacher: _____